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Social and administrative pharmacy

Stepping up impactful advocacy: Building partnerships with decision-makers through Thank Your Pharmacist Day

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Background: Pharmacists play a crucial role in healthcare, with their contributions vital for access to medicines and the delivery of accessible and patient-centered care. Despite this critical role, pharmacists' contributions are often underappreciated.

Similarly, the role of pharmacists in Australia is growing, with additional clinical roles being introduced in recent years. There is potential for these roles to grow further following recent regulatory changes and recommendations contained in the Australian Governments scope-of-practice review. However, much of this potential growth in scope of practice is dependent on support of political and governmental decision-makers.

Objective: Undertake an advocacy campaign which increases engagement with political stakeholders and increases their familiarity with the contribution of pharmacists in Australia's health care system.

Methodology: PSA introduced Thank Your Pharmacist Day (TYPD) in 2022 as an annual initiative to raise awareness about the value pharmacists bring to the health system with politicians and encourage the public to express gratitude to pharmacists. The theme of TYPD for 2025 was 'stepping up', reflecting the growing role of pharmacists in Australia's health system.

PSA organised a series of engagement activities, social media campaigns which invited pharmacists and political

stakeholders to publicly thank pharmacists for 'stepping up' when needed by their patients and community. The primary mode of engagement with pharmacists and political stakeholders was email distribution.

Results: The initiative received widespread participation, with engagement across social media platforms. This included 128,573 views of PSA campaign materials on social media (4,287 LinkedIn, 14,446 Instagram and 109,840 Facebook), 35 identified posts of political stakeholders (17 Instagram, 18 Facebook) and 64 identified posts of pharmacies and health services (13 LinkedIn, 31 Instagram, 20 Facebook).

At least 27 politicians, including the majority of state health ministers, posted social media content which thanked pharmacists, citing different contributions pharmacists in their geographical area. Approximately a third of the politicians who posted social media content for TYPD made a visit to a local pharmacy for the event.

Thematic review of politician's posts identified familiarity and appreciation for pharmacists regarding a diverse range of roles which predominantly related to the theme of 'stepping up'. This included recognition of emerging roles such as vaccination, prescribing for common ailments, treatment of minor injuries and supporting people with substance use disorder.

Qualitative review of responses to social media posts indicated that pharmacists appreciated the positive sentiment from colleagues and external stakeholders.

PSA officials visited 18 pharmacies and other workplaces of pharmacists on TYPD.

Further analysis of social media commentary, including an analysis of posts year-on-year is needed to provide further insight into the effectiveness of the event in building political familiarity with pharmacists' emerging role in Australia.

Conclusion: TYPD 2025 successfully exemplified the theme 'Stepping Up' in organic social media of politicians,

Methods: This study utilized data from the All of Us Research Program, incorporating survey responses and electronic health records (EHRs) in a retrospective observational cohort design. A total of 49,964 individuals aged 18 and older, representing diverse ethnic and socioeconomic backgrounds, were included. Psychiatric disorders were identified using self-reported survey data and EHR documentation, and opioid misuse was defined using CDC criteria, including both nonmedical opioid use and opioid dependence diagnoses. Logistic regression models identified significant predictors of opioid misuse, while machine learning techniques assessed variable importance.

Results: The study cohort was predominantly white (79.6%), female at birth (71.2%), and heterosexual (95.3%), with an average age of 57.5 years. Among participants, 94.6% had health insurance, but 18.4% reported food insecurity. Depression was the most common psychiatric disorder (77.8%). Logistic regression analysis revealed that bipolar disorder (OR = 1.647), PTSD (OR = 1.442), depression (OR = 1.334), white race (OR = 1.458), food insecurity (OR = 1.437), perceived neighborhood disorder (OR = 1.017), and male sex (OR = 1.394) were significant predictors of opioid misuse ($p < 0.001$ for all variables). Conversely, higher educational attainment (OR = 0.849, $p < 0.001$) and increased income (OR = 0.970, $p < 0.001$) were associated with lower odds of opioid misuse. Other SDOH variables, such as healthcare access and social support, were initially correlated with opioid misuse but lost significance in adjusted models.

Conclusion: This study highlights the role of psychiatric conditions—particularly bipolar disorder, PTSD, and depression—in increasing the risk of opioid misuse. Additionally, socioeconomic factors such as food insecurity and perceived neighborhood disorder contribute to higher opioid misuse rates, underscoring the need for integrated prevention strategies. While certain demographic factors, such as white race and male sex at birth, remained significant predictors, others, such as sexual minority status and health insurance, were not independently associated with opioid misuse after adjustment for confounders. These findings emphasize the necessity of incorporating explicit opioid misuse and OUD screenings into psychiatric care guidelines, particularly for PTSD, bipolar disorder, and depression. Targeted public health interventions addressing both mental health and socioeconomic vulnerabilities could mitigate opioid misuse and improve patient outcomes. Future research should explore longitudinal models and interventional studies to establish causal relationships and optimize prevention strategies.

Longevity: Establishing a policy framework for fostering healthy ageing through lifelong vaccination

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Background: The global ageing trend calls for innovative and proactive approaches to preventive health policies towards healthy ageing. Vaccination is one of the most cost-effective public health interventions, significantly reducing mortality, morbidity, associated disease burden and healthcare expenditures. While vaccines have traditionally focused on the paediatric population, recent advances have led to the development of vaccines for adults, reinforcing the importance of lifelong immunization as a key pillar of healthy ageing.

Purpose: This study aims to identify best international practices in adult vaccination policies and develop evidence-based recommendations to enhance lifelong immunization strategies, using Portugal as a case study. **Method:** A targeted literature review was conducted to establish the foundation for the study, followed by a multidisciplinary Think Tank approach, consisting of three meetings that gathered 19 participants from the Portuguese healthcare ecosystem, including public health authorities, academia, healthcare professionals, among others. The first meeting addressed the burden of vaccine-preventable diseases, the second examined the social and economic impact of vaccination, and the third discussed the future of adult vaccination in Portugal. The data was collected by the investigators through note-taking. Participants quantitatively ranked the level of priority and impact of each recommendation on a 10-point Likert scale, allowing for a systematic prioritization of policy proposals.

Results: Twenty-one recommendations emerged, emphasizing the urgent need for increased investment in lifelong vaccination. Key areas to be addressed include reformulating the adult vaccination narrative and revising the National Vaccination Program, strengthening health system capacity and community synergies, such as reviewing financing models for vaccination and reinforcing community-based healthcare providers, and ensuring adult population commitment to vaccination through improved communication and infodemiological strategies.

Conclusion: This study provides a comprehensive policy framework to reinforce the position of lifelong immunization as a cornerstone of healthy ageing. While the study focuses on a national case study, its methodology may hold international value for adaptation in other countries, offering a scalable methodology for adaptation across different

healthcare systems to inform policy decisions that optimise preventive healthcare in ageing populations.

Patterns of anti-hypertensive drug utilisation and adherence to hypertension treatment in Lokoja Nigeria

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Background: Hypertension remains a significant public health challenge in Nigeria, contributing to high rates of cardiovascular morbidity and mortality. Despite its prevalence, effective management is often hindered by limited resources, lack of awareness, and sub-optimal adherence to treatment. Understanding patterns of anti-hypertensive drug utilisation and adherence to prescribed regimens is crucial for improving therapeutic outcomes, reducing complications, and guiding health policy in resource-constrained settings like Lokoja. Additionally, investigating these patterns helps to identify gaps in healthcare delivery and shape interventions tailored to local needs.

Objective: This study aims to evaluate the patterns of anti-hypertensive drug utilisation and assess adherence to treatment among hypertensive patients. The findings will provide insights into prescribing trends, patient behaviour, and barriers to optimal hypertension management. By identifying key factors affecting adherence, the study seeks to support the development of targeted interventions to improve blood pressure control and reduce the burden of hypertension-related diseases.

Methods: A descriptive, cross-sectional study was conducted among hypertensive patients attending outpatient clinics through convenience sampling method from November 2024 to February 2025. A total of 80 participants were recruited. Data was collected using structured questionnaires. The questionnaires captured personal, demographic information, clinical history, medication use, and adherence behaviours. Drug utilisation patterns were analysed based on prescribed anti-hypertensive classes and combinations. Adherence was assessed using the Morisky Medication Adherence Scale (MMAS-8), a validated self-reported tool for measuring adherence.

Results: The study included 80 participants with a mean age of 54 years (range: 35 to 74 years) of which 53% were male. A majority of patients 52% were on combination therapy, while 48% used mono-therapy. The most commonly

prescribed medications were Dihydropyridine Calcium Channel Blockers 40%, Renin Angiotensin System Inhibitors 30%, and Diuretics 20%.

High adherence was observed in 48% of participants, while 32% exhibited moderate adherence, and 20% had low adherence. The leading causes of non-adherence included forgetfulness 40%, high cost of medications 30% and doubts about the immediate benefits of treatment 15%. Other factors, such as side effects and cultural beliefs about hypertension, also contributed to poor adherence. Patients with higher education levels and those attending regular follow-up visits were significantly more likely to adhere to their treatment regimens. Conversely, individuals with low incomes and limited healthcare access had higher rates of non-adherence.

Conclusion: This study highlights sub-optimal adherence to anti-hypertensive treatment and identifies prevalent prescribing patterns in Lokoja. These findings emphasise the need for multifaceted interventions to address barriers to adherence and improve hypertension management. Strategies such as subsidising medication costs, enhancing patient education, simplified drug regimen, empowerment based counselling involving; motivational interviewing, reflective statements, open ended questions and summary statements are essential to reduce the burden of hypertension. Community-based awareness campaigns and training programs for healthcare providers could also help in improving adherence. These findings show the importance of adopting tailored public health strategies to combat hypertension and its associated complications in resource-limited settings like Lokoja.

Assessment of medication management challenges and technology readiness among visually impaired persons: A cross-sectional survey using a validated IMPACT-VIP questionnaire

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Introduction: Visually impaired persons face medication management challenges due to inaccessible health information and limited assistive technologies. A validated tool is needed to assess their knowledge, attitudes, and practices regarding medication safety.

Objectives: To develop and validate a questionnaire assessing knowledge, attitudes, and practices regarding medication safety and self-medication behaviors among visually impaired persons.